



# TUBERCULOSIS INFORMATION

## - Tuberculosis and Pregnancy

### Treatment of Latent TB Infection

Generally, pregnant women who are found to be tuberculin positive upon routine testing should not be given treatment of latent infection until after delivery. However, pregnant women who are likely to have been recently infected or who have high-risk medical conditions, especially HIV infection, should be given treatment for infection as soon as TB infection is documented and TB disease has been ruled out. Tuberculin skin testing is both safe and reliable throughout the course of pregnancy.

### Treatment of TB Disease

Pregnant women with TB must be given adequate therapy as soon as TB is suspected. The preferred initial treatment regimen is isoniazid, rifampin, and ethambutol (ethambutol may be excluded if primary isoniazid resistance is unlikely). Streptomycin should not be used because it has been shown to have harmful effects on the fetus. In addition, pyrazinamide should not be used routinely because its effect on the fetus is unknown. Because the 6-month treatment regimen cannot be used, a minimum of 9 months of therapy should be given. Aminoglycosides (e.g, streptomycin, kanamycin, amikacin) and capreomycin are contraindicated for all pregnant women because of ototoxic effects on the fetus.

To prevent peripheral neuropathy, it is advisable to give pyridoxine (vitamin B<sub>6</sub>) to pregnant women who are taking isoniazid.

The small concentrations of TB drugs in breast milk do not have a toxic effect on nursing newborns, and breastfeeding should not be discouraged for women undergoing anti-TB therapy. Similarly, drugs in breast milk should not be considered effective treatment for disease or infection in a nursing infant.

*TB Treatment for HIV-Infected Pregnant Women.* HIV-infected pregnant women who have a positive *M. tuberculosis* culture or who are suspected of having TB disease should be treated without delay. Choices of TB treatment regimens for HIV-infected pregnant women are those that include a rifamycin. Although the routine use of pyrazinamide during pregnancy is not recommended in the United States because of inadequate teratogenicity data, the benefits of a TB treatment regimen that includes pyrazinamide for HIV-infected pregnant women outweigh the potential pyrazinamide-related risks to the fetus.

### For More Information

For more information about implementing CDC guidelines, call your state health department.

To order the following publications, call the CDC's Voice and Fax Information System (recording) toll free at (888) 232-3228, then press options 2, 5, 1, 2, 2 (Note: You may select these options at any time without listening to the complete message). Request the publication number of the document you would like to order. You may also visit the Division of TB Elimination's Web site at [www.cdc.gov/nchstp/tb](http://www.cdc.gov/nchstp/tb).

Publication # 00-6453. American Thoracic Society. Treatment of tuberculosis and tuberculosis infection in adults and children. *Am J Respir Crit Care Med* 1994;149:1359-1374.

Publication # 99-5879. CDC. Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. *MMWR* 1998;47(No. RR- 20).